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d E		2FULL N	NAME		1	
reper		PERSONAL				ULARS
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og no	7 AC					If LESS than
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02983				
0.0000	STATE	OF	MARY	LAND
	CERTIFIC	CAT	FOF	DEATH

(22-a)

Registration Dist. No.

NAME This	St.: Ward) (If death occurred in a hospital or institution, give its NAME it stend of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Color OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3/7/, 193/
(Month) (Day) (Year)	that I last saw he calive on 1937.
/ 5 yrs. mos. ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
ession or of work or work ore of industry blishment in or (employer) ry) Ausse Red Esse	(Durstion) yrs. mos. 2 ds. Contributory Secondary (Deration) yrs. mos. ds. (Signed) Mr D. 3/7/193/ (Address) Muce Judinus
ountry) AME Mary GE R OUNTRY) TRUE TO THE BEST OF MY KNOWLEDGE	*Stafe the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
Wilcis 9 Sewell B) 73/71d- 1931 & N. Ding Registrar	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Lum OT: 3 - 8 - , 193/ 20 UNDERTAKER ADDRESS Finel Endere
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (in or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The material 3 Grocery, Day

Statement of Cause of Death—Name, first, the DISAEA. I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential and must be obtained before the certificate

anently filed.

on statement of cause of death approved by Committee on . tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

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PLACE OF DEATH	02984 STATE OF MAR
County Calores	GEATIFICATE OF
A01	Registration Dist. N
Village or City Olever (No	St: Ward) (If d a hor tion, stead num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	IT I HEREBY CERTIFY, That I attended 1920, to that I last saw h leading on the last saw h leadin
	SS than and that death occurred on the date stated above, hrs
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER Z (State or country)	(Signed) (Signed) (Address) Skale G
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) WA-LI DEMINERED (Address) OCIOTIE IN MEDICINE	Former or
File March 28 1923 File Regist	20 UNDERTAKER ADDR
	egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH Lebe.	27 , 1931
I HEREBY CERTIFY, That I atte	(Day) (Year)
and that death occurred on the date stated at the CAUSE OF DEATH * was as follows:	above, atm.
(Durstion)	yrs. mos ds.
Contributory Secondary	yrs mos ds.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospital	ls, Institutions, Trans-
At place In the of deathyrsmos,ds. State,	yrsmosds.
Where was disease contracted, if not at place of death?	***************************************
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	March 29, 1931
20 UNDERTAKER Simel	Stores Pons

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Locomotive engineer, 6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, men-diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs. business, that fact may be indicated thus; Furnier (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (9) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EARE (**\USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Ezhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Meastes, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly (secondary Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ess important. Example: Measles (disease Chronic etc. The contributory valvular heart Nomenclature of the disease; elc.

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

u .	02986
PLACE OF DEATH	STATE OF MARYLAND
County (alver)	CERTIFICATE OF DEATH
11 1 1 1	Registration Dist. No. 50
Village or City Clover (No. Co,	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and pumber.)
FULL NAME	
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	down 3/3/3/3/(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HERENY CERTIFY, That I attended the deceased from
monow	n 2/13/192/10 , 192 ,
(Month) (Day)	(Year) that I last saw h Amalive on 1927,
	SS than and that death occurred on the date stated above, nt
T/1 4 1 - 2 ()	y hrs. The CAUSE OF DEATH * was as follows:
SOCCUPATION P	(Ar on in That that
(a) Trade, profession or particular kind of work	
(b) General nature of industry	2
business, or establishment in which employed or (employer)	(Durstion) vis. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	Duraylori) yrsmosds.
FATHER HENRY Cash	(Signed) M.D. M.D. M.D. M.D.
OF FATHER (State or country)	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Trey / Ceyn	MAN 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or coundbry)	At place of deathyrsmosds, In thersmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Unformant Raspital Record	ls Former or It Linauds Med
(Address) gwen by patre	19 PLACE OF BURIAL OR REMOVAL Mad 2 0 19 9 1
	strai 20 UNDERTAKER Switch
If more banks are needed, address State	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, ar At home. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselabarer, Farm labarer. Laborer—cum me en at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Lacomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Hausekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm labarer. Laborer-Caal mine, etc. Wom-(b) Calton without more precise specification as Day For persons who have no occupation mill; (a) Salesman. duties of the (6) Grocery;

Statement of Gause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumania ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association. approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid—prabably suicide. The nature of the injury, accident; Revalver wound of head-hamicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilanaeum, etc., Carcinama, Sarcona, etc., of
> (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tubcrculasis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condicaugh; Chronic affection need etc. The contributory valvular Always qualify all "Haemorrhage, heart Measles; disease; not be

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PLACE OF DEATH	STATE OF	MARYLAND
County Calors	S CERTIFICATE	OF DEATH
Ω .	Registration	Dist. No. 50
Village or City Joone No. Saw.	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and
² FULL NAME	1) Eulon	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
Seele 7 1931	1920 . to	, 192
(Month) (Dy) Year)	that I last saw h Angelive on	120h, 19251,
7 AGE [If LESS than		d above, atm.
I day Ohrs		
yrs,ds. or Omin.	Dies - Doru	
(a) Trade, profession or particular kind of work	***************************************	***************************************
(b) General nature of industry		*
business, or establishment in which employed or (employer)	(Duration)	yrs, mos O.ds.
9 BIRTHPLACE (State or country)	Contributory Secondary	
Calous D.	(Duration)	
FATHER Solent & Rulow V.	(Signed)	De Come M. D.
0 11 BIRTHPLACE OF FATHER	1925 (Address)	
Z (State or country) Calonia Co., And I	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, In deaths from njury and (2) Whether
of MOTHER Dece 1002	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.	teds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?	
14 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or usual residence	
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	₽ _c	, 19
15 Filed 192	20 UNDERTAKER	ADDRESS
Registrar		
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

02987

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the

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MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in stead of street ²FULL NAME PERSONAL AND STATISTICAL 4 COLOR OR RACE 16 DATE OF MARRIED. WIDOWED. OR DIVORCED (Write the word (Month) (Year).. That | attended the deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE (If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE in the At place OF MOTHER of death yrs moa. ds. (State or country) Where was disease contracted, if not at place of dea.h?...

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

OR REMOVAL

ODRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at heginning of illness. If retired from guged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, tion applies to each and every whatever, write Nonc. business, that fact may be indicated thus; Former (re-tired 6 yrs). For persons who have no occupation to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealor At Home, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary freman, etc. and children, not gainfully emperson, irrespective of But in many

Statement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic terebrospinal meningitis"; Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all netanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) is indefinite); Tuberculosis of lungs, men-Chronic advanta heart disease; nephrilis, etc. The contributory Example: Measles (disease affection need not be Measles; disease;

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1931

	02989
PLACE OF DEATH	STATE OF MARYLAND
County aluent	CERTIFICATE OF DEATH
a, P	Registration Dist. No.
Village or City St. Lrongeds	St: Ward) (if death is urred
2FULL NAME Harvey	tion, give its NAME stead of street arnumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH 3/. 31/1931
Male followed, (Write the word)	(Mosth) (Day) (Year)
S DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
(Month) (Dsy) (Year)	that I last saw h My alive on 3 / 3 / 1, 1623
7 AGE If LESS tha	
40 yrs. 3 mos. 12ds. or min.	
DCCUPATION (a) Trade, profession or	apiplix-y.
particular kind of work	-
business, or establishment in which employed or (employer)	(Duration) yrs. mos. 7 d
BIRTHPLACE	Contributory
(State or country) Md,	(Duration) yrs mosd
10 NAME OF SALLE STAY.	(Signed) M. I
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country)	Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Comma a Cueduson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE	At place In the
(State or country)	of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) W the fit woon	19 PLACE BURIAL OR REMOVAL DATE OF THAT
(Address) Al Mondas	Storle Head 3/193,
15 Filed Hard of 192 Lang Via	20 UN DERTUKER ADDIGESS
Registrar	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. tired 6 yrs. business, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery; (retu

Strtement of Cause of Death—Name, first, the first.

EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Trecommendations on statement of cause of death "Exhaustion," "Marasmus," "Old Age,
"Inanition," "Weakness," etc., when a definite disease atic), causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid lelanus) may be stated under the head of "contributory." carbolic acid-probably swieide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Nover report mere symptoms or terminal condicough; Chronic etc. The valvular Nomenclature heart disease; contributory

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	STATE OF MARYLAND—(CERTIFICATE OF BEATTI (12991)
	A 11 C.	Parietration Diet No. 501
	10	Registration Dist. No.
	Village or City William K. 1. (IF.	NoSt.,Waldeath occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NAME (Baby gil) gross	
	(a) Residence: No.	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	finish negro - OR DIVORCED (write the word)	(Month) (Oly) (193) (Year)
5a	I. If married, widowed, or divored HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6	DATE OF BIRTH (month, day, and year) Much 14, 1931	I last saw h alive on first from 19 death is sa
	AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
	Stitlern 1day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one
TION	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOUKKEEPER, etc.	0.10.1
UPAT		Stillling
500		
Ď	10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
13	2. BIRTHPLACE (city or town) Dunkirk, nd,	Other Contributory Causes of importanca:
ER		
FATH	14. BIRTHPLACE (city or town) a. Ja. County	Name of operation Oate of
F	(State or country)	What test confirmed diagnosis? Was there an autopsy?
TER.	15. MAIDEN NAME alruta States	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (city or town) a - 9 - County	Accident, suicide, or homicide? Date of injury, 19
2	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17	7. INFORMANT futher (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
13	B. BURIAL, CREMATION, OR REMOVAL Place Charles Que March 171931	Manner of injury
-	Place Charleys Oate March 15,1931	Natura of Injury
15	9. UNDERTAKER Savige Earns (Address)	24. Wes disease or injury in eny way related to occupation of deceased?
2	0. FILED March (7, 1921 Registrar.	(Signed) Lough C. Hammond M (Address) Lattrian mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of death and of importance were as follows: Arteriosclerosis Chronic interstitial nephritis The principal cause of death and of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis	I
Chronic interstitial nephritis 1921 Run over by street car	related causes Date of conset
Chronic interstitial nephritis 1921 Run over by street car	1 week ago
Cerebral bemorrhage July 5, 1927 Peritonitis	1 week ago
Contract number range	3 days ago
Other contributory causes of importance: Other contributory causes of importance	ortance:
Gallstones May 1,1923 Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PLACE OF DEATH County Calvert (s)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 52
Village or City Plum Point (No	Sta: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 7, 1951 (Month) (Day) (Year)
March 7, 1.931 (Month) (Day) (Year) 7 AGE STILLBORN ds. or min.?	that I last saw h alive on 192 192 192 192 192 192 192 192 192 192
BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	STILLBORN (Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds. (Signed) P. Confident March 1988
Louis Thomas II BIRTHPLACE OF FATHER (State or country) Wilson, Md. 12 MAIDEN NAME OF MOTHER Edna N. Gross 13 BIRTHPLACE OF MOTHER (State or Country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Walson (Address) Walson	Former or usual residence

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Er amples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping (name origin; "Cancer" is less definite; avoid (Recommendations on strement of cause of death approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train American Medical Association Never report mere symptoms or terminal condiperilonaeum, etc., cough; Ase of decementative of the second services of the services of the second second services of the second services of the second services of the second services of the second second services of the second secon Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease Always qualify all

permanently filed. answered in detail, it will If this certificate is loke over nswered in detail, it will prevent to

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proportly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERM K VITH UNFADING INK--THIS WRITE PL

BINDIN

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Calvert	GERTIFICATE OF DEATH
11 - 7	Registration Dist. No. 51
Village or City / Williage Goul No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Warrens V	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Married Wilsowes OR DIVORCED (Wite the word)	16 DATE OF DEATH Mcl 4, 1937
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
, 1891	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
4 0 yrs. nios. ds. or min.?	Died Audeline
8 OCCUPATION (a) Trade, profession or Jarm labored particular kind of work	Droped Send"
(b) General nature of industry business, or establishment in which employed or (employer)	Strart (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF STATES	(Signed) Vrs. M. D.
11 BIRTHPLACE	mell 5 19231 (Address) / freuley
OF FATHER (State or country) 12 MAIDEN NAME 1 MAI	*State the Disease Causing Death, or, And deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ruchel Jack	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Series Hetel	Former or usual residence
(Address) Plum Part	Place of BURIAL OR REMOVAL DATE OF BURIAL Record Meh S. 198
15 Filed meh 5 1931 Mulitick	Willes J. Semll Danes
If more banks are needed, address State Registral	r, 16 W. Saratoga Sv., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer tred tired 6 yrs,. For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Never report mere symptoms or terminal condiintercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be 28

answered in detail, it will prevent further correspondence. permanently filed. duta is essential and must be obtained before the certificate If this certificate is looked over thoroughly and a'l questions

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer Foreman, (b) Automobile factory. The to know (a) the kind of work and also (b) the engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. Womnot gainfully em-(6) material Grocery;

Strtement of Cause of Death—Name, first, the Dispersion of Cause of Death—Name, first, the Dispersion of Cause of Death—Name, first, the Dispersion of Causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association. approved by Committee on "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not use (secondary or intercurrent) affection need not use (disease use of "Tumor" for malignant neoplasms); telands) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; Nomenelature Always qualify all Measles; of the

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PLACE OF DEATH County Caluat	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 5-2
Village or City Mt. Harry No.	St: Ward) If death occurred in a hospital or institution, give its NAME intend of street and amber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR RACE 5 SINGLE, MARKIED, WHOOWED OR DIVINE TO (Write the word)	16 DATE OF DEATH Monch 21, 182/ (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Youth) (Day) (Year)	that I last saw h alive on 192 and that death occurred on the date stated above, at /2 /0 Am.
TAGE If LESS than day hrs. OCCUPATION ds. or min. ?	The CAUSE OF DEATH : was as follows:
particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER Engine Randall	(Signed) fight Ward M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the Disease Causing Death of, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY SNOWLEDGE (Informant)	of death yrs mos. da. State, yrs mos da. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Oury Mg Filed March 24931	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Edman march 2.41934. 20 UNDERTAKER ADDRESS
Why Hardesty Registrar more blanks are meded, address State Registrar	W. H. Harlehens M. Harmay

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Lintever, write None. business, that fact may be indicated thus: Farmer (re-Housemeid, etc. to report specifically the occ. pations of persons endefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Iditional line is provided for the latter statement; it Statement of Occupation Precise statement of oc-For many occupations a single word or term on Urs.). For persons who have no occupation If the occupation has been chauged -Coal mine, etc. Womduties of the The material But in maux

Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Lobar pncumonia, Bronchopneumonia ("Pneumonia," EASE CAUSING DEATH (the primary affection with respect starement of Cause of Death-Name, first, the bis (the only definite synonym is "Epidemic cerebro

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "Puenperal septicaemia," "Puenperal peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "luauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," "Concouditions, such as "Asthenia." "Amaemia" ary), 10 ds. Poisoned by carbolic acid—probably suicide. State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakuess," etc., when a definite disease vulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite): Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart For "Debility" ("Congenital," Accidental drowning; Struck VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease Always qualify all The contributory "Semile," etc.), by railway The na-(seconddiscase; (merely

ence All the data is essential and the certificate is permanently filed If this certificate is looked over thoroughly and all ques-tions answered in detail, it will prevent further correspondthe data is essential and must be obtained before

	County Calcut
Vill	lage or City Jones Mufron
	2 FULL NAME Balry Sc
	PERSONAL AND STATISTICAL PARTICULARS
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
6 D	ATE OF BIRTH
	(Month) (Day) (Year)
7 A	GE [If LESS than
	yrsds. ormin.?
(b)	articular kind of work D) General nature of industry usiness, or establishment in which employed or (employer)
9 8	
98	10 NAME OF STATHER COSTUME SCALL
S	
ARENTS	FATHER Code and Scaff 11 BIRTHPLACE OF FATHER OF FATHER
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF STATE OF THE STATE OF

02993

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	mil	1 1	G, 1	98-
	-			
	(Month)(I	Day)	(Year)
17 I HEREBY	CERTIFY, Tha	t l attende	d the decea	sed from
x=1010111-1-01111100-1-1-1-1-1-1-1-1-1-1-	192 to			, 192,
that I last saw h	alive on			, 192,
and that death occurre	ed on the date	stated abov	/e, at	m.
The CAUSE OF DEATH	l * was as follo	ws:		
This last	7	i	fd.	brush
10 hrs. 6	Je Cis	Bus	rlo	
Contributory Secondary	Digition.	en fre	Cless	de de
1	(Duration)vre		ds.
(Signed) 17 (2)	(Address)	ent	lugher	M. D.
*State the Dis Violent Causes, stat Accidental, Suicidal or	ease Causing			
18 LENGTH OF RESI		Hospitals,	Institution	s, Trans-
		In abo		
At place of deathyrsmo		In the State	yrsmo	osds.
Where was disease contra	cted,			

If more blanks are needed, addre. S. tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Hausewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer ar Planter, cupation is very important, so that the relative healthployed, as At school, or At hame. Care should be taken wark, or At Home, and children, not gainfully emen at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every Statement of Occupation-Precise statement of ocwhatever, write Nane. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Campasitar, Architect, Lacomative engineer, Foreman, For many occupations a single word or term on Farm laborer. Luborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile fuctory. The material For persons who have no occupation person, irrespective of duties of the (b) Gracery,

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, peritanaeum, etc., Careinoma, Sarcama, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." curbolic acid—prabably suicide. The nature of the injury; accident; Revalver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chranic interstitial nephritis, Examples: Accidental drawning; Struck by railway train (secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," indefinite); Tuberculasis of lungs, men-Chronic and consequences (e. g., sepsis, etc. valvular affection need Nomenclature The contributory heart disease; not be

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BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related-causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLAUTE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN